



PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	2004-01
First Named Inventor	Ezekwe, Michael O.
COMPLETE IF KNOWN	
Application Number	10/791,310
Filing Date	03/01/2004
Art Unit	1654
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Food Compositions Comprising Waterleaf Leaves and Methods of Using Thereof

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

03/01/2004

as United States Application Number or PCT International

Application Number

10/791,310

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below**Name**

Larry A. Schemmel

AddressOffice of the Attorney General
P. O. Box 1850**City**

Jackson

State

MS

ZIP

39215-1850

Country

U.S.A.

Telephone

(601) 359-7600

Fax

(601) 359-7774

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])**

Michael Obi

Family Name or Surname

Ezekwe

**Inventor's
Signature***Michael Obi Ezekwe***Date***July 20, 2004***Residence: City**

Vicksburg

State

MS

Country

U.S.A.

Citizenship

U.S.A.

Mailing Address

123 Brookwood Drive

City

Vicksburg

State

MS

ZIP

39183

Country

U.S.A.

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])**

Samuel Ayuk

Family Name or Surname

Besong

**Inventor's
Signature***Samuel Ayuk Besong***Date***7/20/04***Residence: City**

Vicksburg

State

MS

Country

U.S.A.

Citizenship

U.S.A.

Mailing Address

675 Belva Drive

City

Vicksburg

State

MS

ZIP

39180

Country

U.S.A.

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Patrick Emeka		Igboke	
Inventor's Signature <i>Patrick Emeka Igboke</i>		Date <i>7/20/04</i>	
Vicksburg Residence: City	MS State	U.S.A. Country	U.S.A. Citizenship
209 Kendra Drive Mailing Address			
Mailing Address			
Vicksburg City	MS State	39180 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/791,310
Filing Date	03/01/2004
First Named Inventor	Ezekwe, Michael O.
Title	Food Comp. Waterleaf
Art Unit	1654
Examiner Name	
Attorney Docket Number	2004-01

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Larry A. Schemmel	40,801

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Larry A. Schemmel				
Address	Office of the Attorney General				
Address	P. O. Box 1850				
City	Jackson	State	MS	Zip	39215-1850
Country	U.S.A.				
Telephone	(601) 359-7600	Fax	(601) 359-7774		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

Name	Michael Obi Ezekwe		
Signature			
Date	7/20/04	Telephone	(601) 877-3949

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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and
CORRESPONDENCE ADDRESS
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Application Number	10/791,310
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Art Unit	1654
Examiner Name	
Attorney Docket Number	2004-01

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OR

☒ Practitioner(s) named below:

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Address	P. O. Box 1850				
City	Jackson	State	MS	Zip	39215-1850
Country	U.S.A.				
Telephone	(601) 359-7600	Fax	(601) 359-7774		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Samuel Ayuk Besong		
Signature	<i>Samuel Ayuk Besong</i>		
Date	7/20/04	Telephone	(601) 877-3949

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/791,310
Filing Date	03/01/2004
First Named Inventor	Ezekwe, Michael O.
Title	Food Comp. Waterleaf
Art Unit	1654
Examiner Name	
Attorney Docket Number	2004-01

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Larry A. Schemmel	40,801

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Larry A. Schemmel			
	Address	Office of the Attorney General			
	Address	P. O. Box 1850			
	City	Jackson	State	MS	Zip 39215-1850
	Country	U.S.A.			
	Telephone	(601) 359-7600	Fax	(601) 359-7774	

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☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Patrick Emeka Igboke		
Signature	<i>Patrick Emeka Igboke</i>		
Date	7/20/04	Telephone	(601) 877-3949

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ASSIGNMENT OF PATENT APPLICATION

WHEREAS, I (we),

Michael Obi Ezekwe, 123 Brookwood Drive, Vicksburg, MS 39183 USA, and
Samuel Ayuk Besong, 675 Belva Drive, Vicksburg, MS 39180 USA, and
Patrick Emeka Igbokwe, 209 Kendra Drive, Vicksburg, MS 39180 USA,

respectively and hereinafter referred to as the applicants, have invented certain new and useful improvements in:

Food Compositions Comprising Waterleaf Leaves and Methods of Using Thereof

for which an application for Letters Patent has been executed:

Application No. 10/791,310 filed March 1, 2004; and

WHEREAS, Alcorn State University (hereinafter referred to as "ASSIGNEE"), having a mailing address and a business address at:

Alcorn State University
Swine Development Center
1000 ASU Drive #1374
Alcorn State, MS 39096

is desirous of acquiring the full and exclusive right in and to said Invention and said application and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries;

NOW, THEREFORE, for and in consideration of the sum of FIVE DOLLARS (\$5.00), the receipt and sufficiency of which is hereby acknowledged, and for other good and valuable consideration, I (we), the applicants, by these presents do sell, assign, and transfer unto said ASSIGNEE the full and exclusive right in and to the said Invention in the United States and its territorial possessions and in any and all foreign countries, and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, continuations, substitutions, renewals, and reissues thereof.

I (we) hereby authorize and request the Patent Office Officials in the United States and its territorial possessions and in any and all foreign countries to issue any and all of said Letters

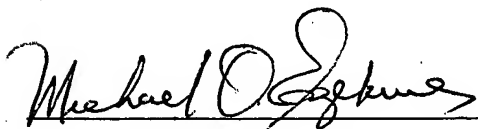
Patent, when granted, to said ASSIGNEE as the assignee of my (our) entire right, title, and interest in and to the same, for the sole use and behoof of said ASSIGNEE and said ASSIGNEE's successors and assigns, to the full end of the term for which said Letters Patent may be granted, as fully and entirely as the same would have been held by me (us) had this Assignment and sale not been made.

I (we) hereby covenant that I (we) have the full right to convey the entire interest herein assigned and that I (we) have not executed, and will not execute, any agreement in conflict herewith.


Further, I (we) agree that I (we) will communicate to said ASSIGNEE or said ASSIGNEE's representatives any facts known to me (us) respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuation, substitute, renewal, and reissue applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said ASSIGNEE, make all rightful oaths and generally do everything possible to aid said ASSIGNEE, and said ASSIGNEE's successors and assigns, to obtain and enforce proper patent protection for said Invention in the United States and its territorial possessions and in any and all foreign countries.

The undersigned hereby grant(s) the Office of the Attorney General of the State of Mississippi the power to insert on this Assignment any further identification, including the application number and filing date, which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN WITNESS WHEREOF, this Assignment has been executed by each of the undersigned individuals on the date appearing by such individual's signature:


Michael Obi Ezekwe (Inventor)

DATE: July 20, 2004

State of Mississippi
County of Harrison 

Before me personally appeared said Michael Obi Ezekwe, who acknowledged the foregoing instrument to be his free act and deed and also represented that he is authorized to execute this Assignment.

Date: 07/20/04

[Signature]
Notary Public

My Commission expires:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 23, 2007
BONDED THRU STEGALL NOTARY SERVICE

(Seal)

Samuel Ayuk Besong
Samuel Ayuk Besong (Inventor)

DATE: 7/20/04, 2004

State of Mississippi
County of Warren Jefferson

Before me personally appeared said Samuel Ayuk Besong, who acknowledged the foregoing instrument to be his free act and deed and also represented that he is authorized to execute this Assignment.

Date: 07/20/04

[Signature]
Notary Public

My Commission expires:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
BONDED THRU STEGALL NOTARY SERVICE

(Seal)

Patrick Emeka Igbokwe
Patrick Emeka Igbokwe (Inventor)

DATE: July 20, 2004

State of Mississippi

County of Jefferson

Before me personally appeared said Patrick Emeka Igbokwe, who acknowledged the foregoing instrument to be his free act and deed and also represented that he is authorized to execute this Assignment.

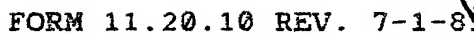
Date: July 20, 2004

[Signature]
Notary Public

My Commission expires:

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 01, 2007
BONDED THRU STEAL

(Seal)



07/13/04

JUL 21 2004

INDOTLEGAL DIV.

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM:

FV NUMBER: PV 071 00000037299

PV DATE: ACCTG PRD:

BUDGET FY: 04

ACTION: E PV TYPE: 1

SCH PAY DATE:

OFF LIAB ACCT:

FA IND:

DOCUMENT TOTAL:

789.00

EFT FLAG: N

VENDOR CODE: V99071MISC 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y

VENDOR NAME: COMMISSIONER OF PATENTS

ADDR1: P.O. BOX 1450

ADDR2: ALEXANDRIA, VA 22313-1450

ADDR3:

LN	CD	DEPT	REFERENCE	COM	VENDOR				SUB	APPR	ACTI	
NO			NUMBER	LN	LN	INVOICE	FUND	DEPT	ORG	ORG	UNIT	VITY
OBJ	OBJ	SUB	REV	PROJ/GEN	REPT	B/S						
		SRC	REV	NUMBER	CATG	ACCT.		ACCOUNT				
								NUMBER				

DESCRIPTION	AMOUNT	REC DATE	I/D P/F LOC
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01 071-37299 3071 071 8030 24 2071

61660

FILING FEES FOR PATENT

789.00 06302004

WARRANT #008818332

07/15/04

NAME OF DEPARTMENT: ATTORNEY GENERAL

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S DISBURSEMENT WARRANT IN PAYMENT THEREOF.

COUNTERSIGNED BY:
(IF REQUIRED)

SIGNED BY:

TITLE:

TITLE:

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT